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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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The Institutional Events file contains data about all short-term facility (usually SNF) stays of
the MCBS population that were either reported during a community interview or created ther Medicare
claims data.

```
RIC        1  2                                      C INSTITUTIONAL EVENT RECORD

VERSION    3  1                                      C VERSION NUMBER

BASEID     4  8                                      C UNIQUE IDENTIFICATION NUMBER

EVNTNUM   14  4  $EVNTNUM                            C UNIQUE EVENT IDENTIFIER

                              542      C000-C999 EVENT CREATED FROM CLAIM
                              373      0000-9999 SURVEY REPORTED EVENT

OREVTYPE  18  2  $EVNTTYP                            C ORIGINAL REPORTED EVENT TYPE

                              542            INAPPLICABLE
                                0         DU DENTAL
                                0         ER EMERGENCY ROOM
                               98         IP INPATIENT
                              275         IU INSTITUTIONAL UTILIZATION
                                0         MP MEDICAL PROVIDER
                                0         OM OTHER MEDICAL EXPENSE
                                0         OP OUTPATIENT
                                0         PM PRESCRIBED MEDICINE
                                0         SD SEP BILLING DOCTOR
                                0         SL SEP BILLING LAB

CLAIMID   20  7                                      N CLAIM THIS SURVEY EVENT MATCHED TO

EVBEGYY   27  2  $EVYY                               C EVENT BEGIN YEAR

                                0            INAPPLICABLE
                                3         -8 DK
                              912      00-99 YEAR

EVBEGMM   29  2  $EVMM                               C EVENT BEGIN MONTH

                                0            INAPPLICABLE
                                4         -8 DK
                              911      01-12 MONTH
                                0         95 STILL IN PROGRESS

EVBEGDD   31  2  $EVDD                               C EVENT BEGIN DAY

                                0            INAPPLICABLE
                                0         -5 MULTIPLE VISITS THIS MONTH
                               26         -8 DK
                              889      01-31 DAY OF MONTH

EVENDYY   33  2  $EVYY                               C EVENT END YEAR

                                0            INAPPLICABLE
                                6         -8 DK
                              909      00-99 YEAR

EVENDMM   35  2  $EVMM                               C EVENT END MONTH

                                0            INAPPLICABLE
                                8         -8 DK
                              907      01-12 MONTH
                                0         95 STILL IN PROGRESS
```

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EVENDDD    37  2  $EVDD                                  C EVENT END DAY

                              0                            INAPPLICABLE
                              0                         -5 MULTIPLE VISITS THIS MONTH
                             32                         -8 DK
                            883                      01-31 DAY OF MONTH

SOURCE     39  1  $SOURCE                                C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?

                            149                          1 SURVEY ONLY
                            542                          2 CLAIMS ONLY
                            224                          3 BOTH SURVEY & CLAIMS

SITCODE    40  1  $SITCODE                               C COMMUNITY OR FACILITY SETTING?

                              0                          B BOTH COMM & FAC
                            141                          C COMMUNITY
                              5                          D DEEMED COMMUNITY
                              5                          F FACILITY
                              4                          G DEEMED FACILITY
                            760                          S SNF

AMTTOT     41  9  MONYFMT                                N TOTAL PAYMENT

                            915                            AMOUNT AS $$$$$$.CC

IMPATOT    50  1  IMPFLAG                                N IMPUTATION FLAG:  TOTAL PAYMENT

                            672                          0 NOT IMPUTED
                            243                          1 IMPUTED

AMTCOV     51  9  MONYFMT                                N PORTION OF TOTAL PAY COV BY MEDICARE

                            915                            AMOUNT AS $$$$$$.CC

AMTNCOV    60  9  MONYFMT                                N PORTION OF TOTL PAY NOT COV BY MEDICARE

                            915                            AMOUNT AS $$$$$$.CC

AMTCARE    69  9  MONYFMT                                N AMOUNT PAID BY MEDICARE

                            915                            AMOUNT AS $$$$$$.CC

IMPSCARE   78  1  IMPFLAG                                N IMPUTATION FLAG: SOP MEDICARE

                            914                          0 NOT IMPUTED
                              1                          1 IMPUTED

IMPACARE   79  1  IMPFLAG                                N IMPUTATION FLAG: AMT MEDICARE

                            911                          0 NOT IMPUTED
                              4                          1 IMPUTED

AMTCAID    80  9  MONYFMT                                N AMOUNT PAID BY MEDICAID

                            915                            AMOUNT AS $$$$$$.CC

IMPSCAID   89  1  IMPFLAG                                N IMPUTATION FLAG: SOP MEDICAID

                            886                          0 NOT IMPUTED
                             29                          1 IMPUTED
```

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IMPACAID   90  1   IMPFLAG                              N IMPUTATION FLAG: AMT MEDICAID

                            791                         0 NOT IMPUTED
                            124                         1 IMPUTED

AMTHMOM    91  9   MONYFMT                              N AMOUNT PAID BY MEDICARE HMO

                            915                           AMOUNT AS $$$$$$.CC

IMPSHMOM   100 1   IMPFLAG                              N IMPUTATION FLAG: SOP MEDICARE HMO

                            886                         0 NOT IMPUTED
                             29                         1 IMPUTED

IMPAHMOM   101 1   IMPFLAG                              N IMPUTATION FLAG: AMT MEDICARE HMO

                            880                         0 NOT IMPUTED
                             35                         1 IMPUTED

AMTHMOP    102 9   MONYFMT                              N AMOUNT PAID BY PRIVATE HMO

                            915                           AMOUNT AS $$$$$$.CC

IMPSHMOP   111 1   IMPFLAG                              N IMPUTATION FLAG: SOP PRIVATE HMO

                            904                         0 NOT IMPUTED
                             11                         1 IMPUTED

IMPAHMOP   112 1   IMPFLAG                              N IMPUTATION FLAG: AMT PRIVATE HMO

                            904                         0 NOT IMPUTED
                             11                         1 IMPUTED

AMTVA      113 9   MONYFMT                              N AMOUNT PAID BY VETERANS ADM

                            915                           AMOUNT AS $$$$$$.CC

IMPSVA     122 1   IMPFLAG                              N IMPUTATION FLAG: SOP VETERANS ADM

                            911                         0 NOT IMPUTED
                              4                         1 IMPUTED

IMPAVA     123 1   IMPFLAG                              N IMPUTATION FLAG: AMT VETERANS ADM

                            910                         0 NOT IMPUTED
                              5                         1 IMPUTED

AMTPRVE    124 9   MONYFMT                              N AMOUNT PAID BY PRIV INS (EMPLOYER SPON)

                            915                           AMOUNT AS $$$$$$.CC

IMPSPRVE   133 1   IMPFLAG                              N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER

                            844                         0 NOT IMPUTED
                             71                         1 IMPUTED

IMPAPRVE   134 1   IMPFLAG                              N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER

                            843                         0 NOT IMPUTED
                             72                         1 IMPUTED
```

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AMTPRVI   135  9  MONYFMT                                  N AMOUNT PAID BY PRIV INS (INDIV PURCH)

                             915                            AMOUNT AS $$$$$$.CC

IMPSPRVI  144  1  IMPFLAG                                  N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR

                             865                            0 NOT IMPUTED
                              50                            1 IMPUTED

IMPAPRVI  145  1  IMPFLAG                                  N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR

                             860                            0 NOT IMPUTED
                              55                            1 IMPUTED

AMTPRVU   146  9  MONYFMT                                  N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)

                             915                            AMOUNT AS $$$$$$.CC

IMPSPRVU  155  1  IMPFLAG                                  N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN

                             843                            0 NOT IMPUTED
                              72                            1 IMPUTED

IMPAPRVU  156  1  IMPFLAG                                  N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN

                             843                            0 NOT IMPUTED
                              72                            1 IMPUTED

AMTOOP    157  9  MONYFMT                                  N AMOUNT PAID BY PERSON/FAMILY

                             915                            AMOUNT AS $$$$$$.CC

IMPSOOP   166  1  IMPFLAG                                  N IMPUTATION FLAG: SOP PAID BY PERSON

                             795                            0 NOT IMPUTED
                             120                            1 IMPUTED

IMPAOOP   167  1  IMPFLAG                                  N IMPUTATION FLAG: AMT PAID BY PERSON

                             730                            0 NOT IMPUTED
                             185                            1 IMPUTED

AMTDISC   168  9  MONYFMT                                  N AMOUNT OF UNCOLLECTED LIABILITIES

                             915                            AMOUNT AS $$$$$$.CC

IMPSDISC  177  1  IMPFLAG                                  N IMPUTATION FLAG: SOP UNCOLL LIAB

                             867                            0 NOT IMPUTED
                              48                            1 IMPUTED

IMPADISC  178  1  IMPFLAG                                  N IMPUTATION FLAG: AMT UNCOLL LIAB

                             856                            0 NOT IMPUTED
                              59                            1 IMPUTED

AMTOTH    179  9  MONYFMT                                  N AMOUNT PAID BY OTHER SOURCES

                             915                            AMOUNT AS $$$$$$.CC
```

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|--------|-----------|----------|----------|------------------------|
| IMPSOTH | 188 | 1 | IMPFLAG | | | | N IMPUTATION FLAG: SOP OTHER SOURCES |
| | | | | 910 | | | 0 NOT IMPUTED |
| | | | | 5 | | | 1 IMPUTED |
| IMPAOTH | 189 | 1 | IMPFLAG | | | | N IMPUTATION FLAG: AMT OTHER SOURCES |
| | | | | 907 | | | 0 NOT IMPUTED |
| | | | | 8 | | | 1 IMPUTED |
| ODIAGCNT | 190 | 2 | | | | | N NUMBER OF DIAGNOSIS CODES ON CLAIM |
| PRINDIAG | 192 | 5 | | | | | C PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM |
| ODIAG1 | 197 | 5 | | | | | C SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM |
| ODIAG2 | 202 | 5 | | | | | C THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM |
| PROV | 207 | 6 | | | | | C PROVIDER NUMBER FROM CLAIM |
| STATUS | 213 | 2 | | | | | C BENE STATUS AS OF THRU DATE ON CLAIM |
| UTLZNDAY | 215 | 3 | | | | | N NUMBER OF COVERED DAYS OF CARE |
| COINDAY | 218 | 2 | | | | | N TOTAL NUMBER OF COINSURANCE DAYS |
| HMO | 220 | 1 | $HMO | | | | C EVENT PROVIDED BY AN HMO? |
| | | | | 816 | | | 0 EVENT NOT PROV BY HMO |
| | | | | 99 | | | 1 EVENT PROVIDED BY HMO |